#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

(month, day, year)

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received

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Please type or p	rint in ink.	AMENDIŅENI —	) I
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Lowenthal	Bonnie.	Adler
. Office, Age	ency, or Court		_ <b>~</b>
Agency Name	_		7012
<u>Califor</u>	rnia State Assembly	Assemblymember	—————————————————————————————————————
	d, Department, District, if applicable	Your Position	20 OZ n
Distric	<u> </u>		<u> </u>
► If filing for a	multiple positions, list below or on an attachment.		PH OHIC
Agency		Position:	ω <del>±</del> >′′
, .gonoj	· · · · · · · · · · · · · · · · · · ·	1 00/10/11	200
2. Jurisdiction	on of Office (Check at least one box)		z
State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
☐ Multi-Count	ty	County of	
City of		Other	
3. Type of St	tatement (Check at least one box)		
I	The period covered is January 1, 2011, through December 31, 2011.	Leaving Office: Date Left(Check one)	J
	The period covered is	through O The period covered is January leaving office.	/ 1, 2011, through the date of
☐ Assuming	Office: Date assumed/		, through
	e: Election Year <u>2013</u> Office so	ought, if different than Part 1: <u>Assembly Dist</u>	nct 70
. Schedule	•		2
Check applica	able schedules or "None."	► Total number of pages including this of	cover page:
Schedule	A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busine.	ss Positions - schedule attached
	A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule	
☐ Schedule	B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel F	<sup>2</sup> ayments – schedule attached
	-or- None · No repon	table interests on any schedule	
			·
			(c)
			F
I certify under	penalty of perjury under the laws of the State	of California t	
Date Signed	3/2/2012	Signa	
Date Signed _	<u> 3/a /a∪a</u>	Signa	

TYPC 42/12



## SCHEDULE D Income - Gifts

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### AMENDMENT

NAME OF SOURCE	► NAME OF SOURCE
John A. Pérez for Assembly	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
777 S. Figueros #4050 Los Angeles, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12,13,12 , 38.68 Dinner & Wine	
18,13,18 \$ 38.60 DIMIRIA VVINE	
\$	\$
	\$
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
► NAME OF SOURCE	Filer's Verification
	Print Name Bonnie Lowenthy
ADDRESS (Business Address Acceptable)	
	or Court CA State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	or court Cit ocal Cit oschioly
	Statement Type 2011/2012 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	✓ Soll Annual Candidate
	I have used all reasonable diligence in preparing this statement. I have
\$	reviewed this statement and to the best of my knowledge the information
· <b>J</b>	contained herein and in any attached schedules is true and complete.
\$	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed
	Filer's Signatur
Comments:	
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## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## RESTATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL ACTICES COMMISSION COVER PAGE FEB 2 9, 2012



Please type or print in ink.	2012 FFR 29	PH 3: 50	(	1 All	וע
NAME OF FILER	(LAST)		(FIRST)	BY: WMIDD	OLE)
Lowenthal		Bonnie		Adler	
1. Office, Agency, or Cour	t				
Agency Name					
California State Assembl		- <u></u>			
Division, Board, Department, Dist	trict, if applicable		Your Position		
District 54		<del> </del>	Assemblyme	ember	
► If filing for multiple positions, I	ist below or on an attachme	ent.			
Agency:			Position:		
2. Jurisdiction of Office (	Check at least one box)				
State			☐ Judge or Court	Commissioner (Statewide Jurisdictio	ın)
Multi-County			County of		
☐ City of	<u> </u>	<del></del>	☐ Other		·
3. Type of Statement (Chec	ck at least one hox)	<del></del>		<del></del>	
Annual: The period covered December 31, 2011	d is January 1, 2011, throug	h	Leaving Office (Check one)	: Date Left	<del>_</del>
-or- The period covered December 31, 201	d is/	, through	O The period of leaving office	covered is January 1, 2011, through e.	the date of
Assuming Office: Date ass	umed			covered is/ leaving office.	, through
✓   Candidate: Election Year _	2012 Office	ce sought, if differe	nt than Part 1: Asse	mblymember District 70	· · · · · · · · · · · · · · · · · · ·
4. Schedule Summary					
Check applicable schedules or	"None."	► Total nu	ımber of pages ir	ncluding this cover page: _	15
Schedule A-1 - Investments	<ul> <li>schedule attached</li> </ul>	П	Schedule C - Income	. Loans, & Business Positions – scl	hedule attached
Schedule A-2 - Investments		□ ⊠		- Gifts - schedule attached	
Schedule B - Real Property	<ul> <li>schedule attached</li> </ul>	_		- Gifts - Travel Payments - sched	lule attached
		-07-		-	
	None - No r	eportable interests	on any schedule		
(c)(1)					
петент апо нг ану ацаснео эспео	,	_			Г
I certify under penalty of perjur	y under the laws of the St	tate of California t	hat the		Þ
Date Signey	9/2012	Signa	ture		
(month	, day, year)	2.9.10	(File thè	originally signed statement with your filing official.)	<del></del>

#### **SCHEDULE A-1**

#### **Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bonnie Lowenthal

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Legacy Reserves	Linear Technology
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	<b>X</b> \$2,000 - \$10,000 · <b>1</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT   Stock ☐ Other	NATURE OF INVESTMENT  X Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 / 21 / 11/ _ / 11	7 / 27 / 11 / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
US Bancorp	Deere & Co.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial	Farm equipment
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>⊠</b> \$2,000 - \$10,000	<b>区</b> \$2,000 <b>−</b> \$10,000 <b>□</b> \$10,001 <b>−</b> \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT .	NATURE OF INVESTMENT
Stock Other(Cescribe)	Stock . Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
5 / 9 / 11 / / 11	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Honeywell	Chevron Corp.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Business Equipment	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>★</b> \$2,000 - \$10,000	<b>★</b> \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 11 , , 11	. / / 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	I
Comments:	<u> </u>

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bonnie Lowenthal

➤ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chubb Corporation	Safeway, Inc.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial	Consumer
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>X</b> \$2,000 - \$10,000	<b>☒</b> \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft Corp.	Texas Instruments, Inc.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Software	Electronios
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>☒</b> \$2,000 - \$10,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATION OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership: O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 or More (Report on Schedule C)	O income Received of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 11 , 11 </u>	
ACQUIRED DISPOSED	//
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Clearbridge Energy MLP	Mannkind Corp.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy	Health
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000  X  \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
MATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other Closed End Fund	X Stock   Other
(Describe)	(Describe)
Partnership   Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u></u>	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•
Comments:	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bonnie Lowenthal

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Magellan Midstream	Varian Medical
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil pipeline	Health care
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000   🔀 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
▼ Stock Other	▼ Stock □ Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	<u>, , 11 , , 11</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
JP Morgan Chase	Dentsply
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial Institution	Health Care
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other Corporate Bond (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
·	
//	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Hawaiian Electric	Microchip Technology
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Utility	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>\$2,000 - \$10,000 \$10,001 - \$100,000</b>	<b>☒</b> \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other
(Describe)  Partnership () Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 11 / / 11	/ / 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
·	11
Commonte	

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bonnie Lowenthal

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Unilever PLC	Vodafone
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Consumer staple	Telecommunication
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>☒</b> \$2,000 - \$10,000	<b>※</b> \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT    Stock   Other	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Federal Home Loan Management	Federal National Mortgage Association
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mortgage	Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000 S10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Cher Government & Agency Bond	NATURE OF INVESTMENT Stock Government & Agency Bond
(Describe)	(Describe)
Partnership   Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	·
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 11 , , , 11 </u>	<u>, , 11 _ , 11 </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
American Ecology	Johnson & Johnson
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Environmental	Medical supplies
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 X \$10,001 - \$100,000	<b>☒</b> \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 11 , , 11	/ / 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
·· 1	1
Commenter	

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Name  Roppie Lowenthal	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Ronnie Lowenthal	Name
DOTTING LOWCHUIGH	Bonnie Lowenthal

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Genco Shipping & Trading	Applied Materials
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Foreign shipping	Electronics
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>X</b> \$2,000 - \$10,000	<b>※</b> \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT   Stock ☐ Other
★ Stock	X Stock ☐ Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
JP Morgan Chase	OFNICOAL DECORPTION OF BUCKERS ACTIONS
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Financial	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>⋈</b> \$2,000 - \$10,000	\$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT    X   Stock	NATURE OF INVESTMENT Stock Other
X Stock Other	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 11/ / 11	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \ \ \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	3100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 11 / / 11	/ / 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•
Comments:	

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bonnie Lowenthal

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 711 Cedar Avenue	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Long Beach, CA 90813	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / 11
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$0 - \$499\$500 - \$1,000\$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
Comments:	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

➤ NAME OF SOURCE		► NAME OF SOURCE	
Port of Long Beach		Global Automakers	
ADDRESS (Business Address Accept	able)	ADDRESS (Business Address Acc	ceptable)
925 Harbor Plaza, Long B	each, CA 90802	1050 K Street, NW, Ste.	650, Washington, DC 20001
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
<u>6 , 16 , 11</u> <sub>\$</sub> 95.00	Inaugural Gala	<u>5 / 16 / 11</u> s 102.	70 Dinner
		\$	
\$\$		\$	
► NAME OF SOURCE		► NAME OF SOURCE	
ALS Association Golden W	est Chapter	Sempra Energy	
ADDRESS (Business Address Accept	able)	ADDRESS (Business Address Acc	eptable)
28720 Roadside Dr, Ste.20	0, Agoura Hills, CA 91301	925 L Street #650, Sacra	amento CA 95914
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11 <sub>\$</sub> 63.16	Dinner	10 / 26 / 11 \$ 60.0	Dinner Dinner
	•	\$	
\$		\$	
► NAME OF SOURCE		➤ NAME OF SOURCE	
Association for Los Angele	s Deputy Sheriffs	California New Car Deal	ers Association
ADDRESS (Business Address Accepted	able)	ADDRESS (Business Address Acc	eptable)
2 Cupania Circle, Monterey	Park, CA 91755	1415 L St, Suite 700, Sa	cramento, CA
BUSINESS ACTIVITY, IF ANY, OF SC	DURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 11 / 11</u> \$ 50.00	Awards dinner, 2 tickets	3 / 29 / 11 s 107.5	Reception & Dinner
		\$	
		s	
Comments:			

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE			
· · · · · · · · · · · · · · · · · · ·		► NAME OF SOURCE	
BP America Inc.		The AES Corporation	on
ADDRESS (Business Address Accepta	ble)	ADDRESS (Business Addre	
4 Centerpointe Drive, #479,	La Palma, CA 90623	690 North Studebak	er Rd., Long Beach, CA 90803
BUSINESS ACTIVITY, IF ANY, OF SOL	<del></del>	BUSINESS ACTIVITY, IF AN	
•			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 11 s 80.00	Awards Gala- Dinner	9 , 1 , 11 \$	58.09 Dinner
\$		\$	
NAME OF SOURCE		► NAME OF SOURCE	
Viejas Band of Kumeyaay Ir	ndians	Consumer Attorneys	of California
ADDRESS (Business Address Acceptain	ble)	ADDRESS (Business Addres	s Acceptable)
1 Viejas Grade Road, Alpine	e, CA 91901	770 L St., Suite 120	0, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF AN	Y, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
9 / 12 / 11 \$ 64.07	Lunch	5 / 2 / 11 s 1	50.00 Dinner
·			
NAME OF SOURCE		► NAME OF SOURCE	
California Democratic Party		Western Agricultural	Processors Association
ADDRESS (Business Address Acceptate	ble)	ADDRESS (Business Addres	s Acceptable)
1401 21st St., Ste. 200, Sac	ramento, CA 95811-5221	1785 N. Fine Avenu	e, Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF AN	Y, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u> s 117.09	Caucus Dinner	2 / 9 / 11 \$ 2	29.74 Dinner
		\$	
	· .		
Comments:			
Commonte			

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

► NAME OF SOURCE	➤ NAME OF SOURCE	
Los Angeles Area Chamber of Commerce	John A. Pérez for Assembly 2012	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
350 S. Bixel St., Los Angeles, CA 90017	777 S. Figueroa St. #4050, Los Angeles, CA 90017	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
2 / 10 / 11 <sub>\$</sub> 140.58 Dinner & Reception	2 / 9 / 11 <sub>\$ .84.30</sub> Jacket	
\$	2 / 8 / 11 <sub>\$</sub> 10.00 Beverages	
► NAME OF SOURCE	► NAME OF SOURCE	
Los Angeles Superior Court	BNSF Railway Corportation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Addross Acceptable)	
111 N. Hill Street, Rm. 105E, Los Angeles, CA 90012	2650 Lou Menk Drive Fort Worth, TX 76131-2830	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	·	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
3 / 5 / 11 s 50.00 Food at Reception	5 / 7 / 11 s 58.00 Dinner	
\$		
► NAME OF SOURCE	➤ NAME OF SOURCE	
Sprinkler Fitters U.A. Local 709	Judicial Officers of South District, LA Superior Court	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
12140 Rivera Road, Whittier, CA 90606	415 West Ocean Blvd., Long Beach, CA 90802	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
3 / 24 / 11 s 400.00 Dinner, two seats	4 / 7 / 11 <sub>\$</sub> 56.85 Lunch	
Comments:		

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE		► NAME OF SOURC	E .	
Southern California Edison		Southern Cali	fornia Edison	
ADDRESS (Business Address Acceptable	)	ADDRESS (Busines	ss Address Acceptab	le)
2244 Walnut Grove Ave., Ros	semead, CA 91770	2244 Walnut Grove Ave., Rosemead, CA 91770		
BUSINESS ACTIVITY, IF ANY, OF SOUR			TY, IF ANY, OF SOU	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 , 13 , 11</u>	Meal and Beverage	6 , 18 , 11	\$50.00	Cancer League Gala
<u>2                                    </u>	Meal and Beverage	6,16,11	\$50.00	Awards Ceremony
\$	· · · · · · · · · · · · · · · · · · ·		\$	
► NAME OF SOURCE	-	► NAME OF SOURCE	<u> </u>	·
LA County Medical Associatio	n l	Healthcare an	d Elder Law Pr	rograms Corp. (501c3)
ADDRESS (Business Address Acceptable)			s Address Acceptabl	
707 Wilshire Boulevard, Suite	3800, LA, CA 90017	1404 Cravens	Ave., Torrance	e, CA 90501
BUSINESS ACTIVITY, IF ANY, OF SOUR		BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
	1			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 30 / 11 s 220.00	Installation Dinner	7 / 8 / 11	\$ 75.00	Meal in assn. w/speech
\$			\$	
\$			\$	
► NAME OF SOURCE		► NAME OF SOURCE		
Keesal, Young and Logan	1	AT&T Inc. and	l its affiliates	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptable	9)
400 Oceangate, PO Box 1730	, LB, CA 90802	1215 K St., St	ite 1800, Sacra	amento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	DE	BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
	i	ł	•	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 9 / 11 <sub>\$</sub> 64.58	Holiday Party	<u>1 / 13 / 11</u>	\$ 42.00	Reception
<u>4 / 17 / 11</u> s 100.00	Grand Prix	8 / 13 / 11	\$300.00	2 tix, EQCA Awards
			\$	
Comments:				

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE	E		► NAME OF SOURCE	E	
California Citr	us Mutual	•	Cesar Chave	z Foundation (	501c3)
ADDRESS (Busines		ole)	. 11	ss Address Acceptal	<u> </u>
		Exeter, CA 93221	316 W. Second St. Suite 600 Los Angeles, CA 90012		
BUSINESS ACTIVIT			· · · · · · · · · · · · · · · · · · ·	TY, IF ANY, OF SOL	<del></del>
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11, 1, 11	\$3.00	Sm. bag of mandarins	3,31,11	s350.00	Awards Dinner
	\$ <u>-</u>			\$	
	\$		/	\$	<del></del>
NAME OF SOURCE			➤ NAME OF SOURC	E	
CA Council for	r Environment	al or Economic Balance	Boeing		
ADDRESS (Busines	•	•	11	ss Address Acceptab	
		Francisco, CA 94105	·		l Beach, CA 90740
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	ry, if any, of sou	JRCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11	s <u>9.41</u>	Reception- Food, Bev.	3 / 12 / 11	\$200.00	Special Olympics, 2 tix
	\$	·		\$	
	\$			\$	
NAME OF SOURCE	<b>.</b>		► NAME OF SOURC	E	
Simon Wiesen	thal Center		Port of Los Ar	ngeles	
ADDRESS (Busines	•	•	11	s Address Acceptab	
1399 South Ro	oxbury Drive, E	Beverly Hills, CA	· · · · · · · · · · · · · · · · · · ·		n Pedro, CA 90733
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 21 / 11	s150.00	Tribute Dinner	10 , 26 , 11	<u>\$64.00</u>	Lobsterfest
	\$			\$	
	\$			\$	
Comments:	<u></u>			<u> </u>	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	
Name	
Bonnie Lowenthal	

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE	► NAME OF SOURCE
CA Foundation on the Environment and the Economy	Jewish Federation of Greater Los Angeles
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Pier 35, Suite 202	6505 Wilshire Blvd.
CITY AND STATE	CITY AND STATE
San Francisco, CA 94133	Los Angeles, CA 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE S01 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE S01 (c)(3)
10 . 0 . 11 . 10 . 11 . 11	PATE(S): 12 / 11 / 11 12 / 19 / 11 AMT S 6,555.94
DATE(S): 10 , 9 , 11 - 10 , 11 , 11 AMT: \$ 891.79	DATE(S): 12 , 11 , 11 _ 12 , 19 , 11 AMT: \$ 6,555.94
TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
·	Israel Study Trip
NAME OF SOURCE	► NAME OF SOURCE
California Citrus Mutual	CA Council for Environmental and Economic Balance
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
512 Kaweah Avenue	100 Spear Street, Suite 805
CITY AND STATE	CITY AND STATE
Exeter, CA 93221	San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
11 1 11 11 2 11	7 / 11 / 11 7 / 15 / 11 / 12 575.56
DATE(S): 11 / 1 / 11 - 11 / 2 / 11 AMT: \$ 233.86	DATE(S): 7 , 11 , 11 . 7 , 15 , 11 AMT: \$ 575.56
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Agriculture Tour	
rightedital of Oth	
Comments:	

#### SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
Bonnie Lowenthal	

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

	1.
NAME OF SOURCE	NAME OF SOURCE
City of Los Angeles	City of Los Angeles
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street, Suite 208	1400 K Street, Suite 208
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 1 , 1 , 11 3 , 31 , 11 AMT: \$ 90.00	DATE(S): 4 / 1 / 11 - 6 / 30 / 11 AMT: \$ 90.00
TYPE OF PAYMENT: (must check one) 🔀 Gift 📋 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Airport Parking and Shuttle Service	Airport Parking and Shuttle Service
► NAME OF SOURCE	► NAME OF SOURCE
City of Los Angeles	City of Los Angeles
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street, Suite 208	1400 K Street, Suite 208
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 7 / 1 / 11 _ 10 / 30 / 11 AMT: \$ 90.00	DATE(S): 10 , 1 , 11 12 , 31 , 11 AMT: \$ 90.00
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	
Airport Parking and Shuttle Service	Airport Parking and Shuttle Service
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM T	
Name	
Bonnie Lowenthal	

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE	► NAME OF SOURCE
CA Contract Cities	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
11027 Downey Ave.	
CITY AND STATE	CITY AND STATE
Downey, CA 90241	·
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 5 / 14 / 11 5 / 15 / 11 AMT: \$ 275.00	DATE(S):/
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
U Other - Provide Description	United - Provide Description
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
	,
DATE(S):/ AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
	1
Comments:	